

Brent D. Sherard, M.D., M.P.H., F.A.C.P., Director and State Health Officer

Governor Dave Freudenthal

**2010-2011 FLU VACCINATION CLINIC REGISTRATION FORM**

To post your flu vaccination clinics or extended office hours on the Immunization Section web site ([www.immunizewyoming.com](http://www.immunizewyoming.com)), please complete and fax this form to 307-777-3615.

**PROVIDER INFORMATION**

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

County: \_\_\_\_\_ Phone: \_\_\_\_\_

**CLINIC INFORMATION**

Clinic Date: \_\_\_\_\_ Clinic Time: \_\_\_\_\_ County: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Additional Information: \_\_\_\_\_

**CLINIC INFORMATION**

Clinic Date: \_\_\_\_\_ Clinic Time: \_\_\_\_\_ County: \_\_\_\_\_

Clinic Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Additional Information: \_\_\_\_\_